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THE URBAN DISTRICT COUNCIL OF EARBY

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1953

BY

M. Hunter, M.B.E., M.D., D.P.H.

THE URBAN DISTRICT COUNCIL OF EARBY

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

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M. HUNTER, M.B.E., M.D., D.P.H.

Divisional Health Office,
19a, High Street,
Skipton.

To the Chairman and Members of the
Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you the report for the year 1953., and including as an appendix a report on the Local Health Authority's services in the West Riding County Council's No.1. Health Division which covers the urban districts of Silsden, Skipton, Earby and Barnoldswick, and the Skipton Rural District.

The sections of the report dealing with housing, factories, environmental hygiene and the supervision of food have been compiled by the Sanitary Inspector to whom my thanks are due, not only for this, but for his close co-operation and valued assistance throughout the year.

Viewed from the statistical angle it may be regarded as a satisfactory year in some respects, less so in others. "Health is a condition of complete physical, mental and social well being, and not merely an absence of disease or infirmity". Such is the accepted definition of the charter of the World Health Organisation, and we are obviously very far from its attainment. No fewer than 908,000 people were drawing insurance for sickness absence on an average day in 1950. This figure does not include absences from industrial accidents, prescribed industrial diseases, nor all the trivial but common absences lasting four days or less. Even so it represents 1 in every 25, or 4% of the insured population. Such a vast toll of ill health, much of it preventable, shows that there are absolutely no grounds for complacency: and that although much has been done to improve the health of the people there is much which remains to be done by every authority dealing with this problem no matter how limited their powers and resources may be.

In concluding this introduction, I should like to place on record my thanks to the Chairman and Members, the Clerk and other officials, and the staff of the department for their kindness and courteous assistance at all times.

I am,

Your obedient servant.

M. Hunter.
Medical Officer of Health.

HEALTH COMMITTEE.

Councillor O'Toole (Chairman)
Waddington
Pickles
Waterworth
Whitehead
Eastwood
Boydell
Greenwood
Foster

STAFF OF THE DEPARTMENT.

Medical Officer of Health and
Divisional Medical Officer.

M. Hunter, M.B.E., M.D., D.P.H.

Sanitary Inspector and
Cleansing Superintendent.

M.H. Beckwith, M.R., San.I., M.S.I.A.

Sanitary Inspector's Clerk.

M. Ridge.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS.

Area of the Urban District (acres)	3,519
Estimated population	5,175
Population at 1951 Census	5,348
Number of inhabited houses (estimated)	1,991
Rateable Value for General Rate	£29,990. 0. 0d.
Sum represented by a Penny Rate	£118. 0. 0d.

BIRTHS.

	<u>Total.</u>	<u>Male.</u>	<u>Female.</u>
Live, Legitimate	85	39	46
Illegitimate	<u>2</u>	<u>1</u>	<u>1</u>
Total:	<u>87</u>	<u>40</u>	<u>47</u>
Still, Legitimate	2	1	1
Illegitimate	<u>-</u>	<u>-</u>	<u>-</u>
Total:	<u>2</u>	<u>1</u>	<u>1</u>
Total Births:	<u>89</u>	<u>41</u>	<u>48</u>

BIRTH RATES.

Live Births (per 1,000 estimated population)	16.81
Still Births (per 1,000 live and still births)	22.47

DEATH RATES.

(crude)

(per 1,000 estimated population).

All causes	10.62
Tuberculosis of Respiratory System	-
Other forms of Tuberculosis	-
Respiratory Diseases	1.15
Cancer77
Heart and Circulatory Diseases	5.79

Death Rates of Infants under One Year of Age

All Infants (per 1,000 live births)	34.
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Birth Rates, Death Rates, Analysis of Mortality, Maternal Mortality
and Case Rates for Certain Infectious Diseases in the Year 1953.

Provisional figures based on Quarterly Returns.

	<u>England and Wales</u>	<u>C.B.'s. and great towns incl. London</u>	<u>Smaller towns (resident pop. 25,000- 50,000 at 1951 Census).</u>	<u>London Admin. County</u>	<u>Earby Urban District</u>
Rates per 1,000 Home Population.					
<u>BIRTHS:</u>					
Live Births	15.5	17.0	15.7	17.5	16.87
Still Births	(0.35 (22.4(a)	0.43 24.8(a)	0.34 21.4(a)	0.38 21.0(a)	.38 22.47(a)
<u>DEATHS:</u>					
All causes	11.4	12.2	11.3	12.5	10.62
Typhoid and Paratyphoid	0.00	0.00	-	-	-
Whooping Cough	0.01	0.01	0.00	0.00	-
Diphtheria	0.00	0.00	0.00	-	-
Tuberculosis	0.20	0.24	0.19	0.24	-
Influenza	0.16	0.15	0.17	0.15	-
Smallpox	0.00	0.00	0.00	-	-
Acute Polio. (incl. Polio- encephalitis)	0.01	0.01	0.01	0.01	-
Pneumonia	0.55	0.59	0.52	0.64	.57
<u>NOTIFICATIONS:</u>					
(corrected)					
Typhoid	0.00	0.00	0.00	0.01	-
Paratyphoid Fever	0.01	0.01	0.01	0.01	-
Meningococcal Infection	0.03	0.04	0.03	0.03	-
Scarlet Fever	1.39	1.50	1.44	1.02	1.73
Whooping Cough	3.58	3.72	3.38	3.30	9.85
Diphtheria	0.01	0.01	0.01	0.00	-
Erysipelas	0.14	0.14	0.13	0.12	.19
Smallpox	0.00	0.00	0.00	-	-
Measles	12.36	11.27	12.32	8.09	22.60
Pneumonia	0.84	0.92	0.76	0.73	1.54
Acute Polio. (incl. Polio- encephalitis)					
Paralytic:	0.07	0.06	0.06	0.07	-
Non-paralytic:	0.04	0.03	0.04	0.03	-
Food Poisoning	0.24	0.25	0.24	0.38	-
Puerperal Pyrexia	18.23(a)	24.33(a)	12.46(a)	28.61(a)	-

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	<u>England and Wales.</u>	<u>C.B.'s and great towns incl. London.</u>	<u>Smaller towns (resident pop. 25,000- 50,000 at 1951 Census).</u>	<u>London Admin. County.</u>	<u>Earby Urban District.</u>
<u>Rates per 1,000 Live Births.</u>					
<u>DEATHS:</u>					
All causes under 1 year of age.	26.8(b)	30.8	24.3	24.8	34.48
Enteritis and diarrhoea under 2 years of age.	1.1	1.3	0.9	1.1	-

MATERNAL MORTALITY.

Rates per 1,000 Total (Live and Still Births).

	<u>England and Wales.</u>	<u>Earby Urban District.</u>
Sepsis of pregnancy, childbirth and the puerperium	0.10	-
(Abortion with toxæmia	0.01	-
(Other toxæmias of pregnancy and the puerperium	0.24	-
Haemorrhage of pregnancy and childbirth ...	0.13	-
Abortion without mention of sepsis or toxæmia	0.04	-
Abortion with sepsis	0.06	-
Other complications of pregnancy, childbirth and the puerperium	0.18	-

(a) Per 1,000 Total Live and Still Births.

(b) Per 1,000 Related Live Births.

DEATHS:CAUSES OF DEATH.

Disease.	Males.	Females.	Total.
Tuberculosis Respiratory	-	-	-
Tuberculosis other	-	-	-
Syphilitic Diseases	-	-	-
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infections	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other infective and parasitic diseases	-	-	-
Malignant neoplasm, stomach	1	-	1
Malignant neoplasm, lung, bronchus	2	-	2
Malignant neoplasm, breast	-	-	-
Malignant neoplasm, uterus	-	-	-
Other malignant and lymphatic neoplasms	1	-	1
Leukaemia, aleukaemia	-	-	-
Diabetes	-	1	1
Vascular lesions of nervous system	3	2	5
Coronary diseases, angina	3	3	6
Hypertension with heart disease	-	-	-
Other heart diseases	10	8	18
Other circulatory diseases	3	3	6
Influenza	-	-	-
Pneumonia	1	2	3
Bronchitis	-	3	3
Other diseases of respiratory system	-	-	-
Ulcer of stomach and duodenum	1	-	1
Gastritis, enteritis and diarrhoea	-	-	-
Nephritis and nephrosis	1	-	1
Hyperplasia of prostate	-	-	-
Pregnancy, childbirth, abortion	-	-	-
Congenital malformations	1	-	1
Other defined and ill-defined diseases	2	3	5
Motor vehicle accidents	-	-	-
All other accidents	-	1	1
Suicide	-	-	-
Homicide and operations of War	-	-	-
ALL CAUSES:	29	26	55

COMMENTARY ON VITAL STATISTICS.

1. BIRTHS:

The birth rate of 16.8 compares favourably with rates of 11.3., 13.6., 17.4 and 18.1 in preceding years. The rate for the Administrative County was 15.7., and for England and Wales as a whole it was 15.5.

2. DEATHS:

The crude death rate was 10.6 compared with 14.5., 12.6 and 14.8 in the three preceding years. The rate for the County was 11.6., and the national rate 11.4. The low rate for Earby has been influenced to some extent by the alterations in registration regulations whereby all deaths in Raikeswood Hospital are now attributed to the Skipton Urban District.

3. INFANTILE MORTALITY:

This is the death rate of children under one year, and the figure of 34 per thousand live births is higher than those of the four preceding years, (i.e., 16.9., 13.8., 21.0 and 31). It is also above the County rate of 29.2 and the national rate of 26.8.

The still-birth rate (per thousand live and still births) was 22.5., and almost the same as County and national rates.

4. MATERNAL MORTALITY:

There were no deaths attributable to pregnancy, childbirth or the puerperium for the fourth year in succession. A most satisfactory state to report on.

SECTION B.

PROVISION OF HEALTH SERVICES FOR THE AREA.

1. GENERAL.

The home nursing, midwifery, health visiting, ambulance, home help and mental health services are provided by the County Council, and dealt with in the Appendix. Reference will also be found there to staffing and clinic arrangements, vaccination and immunisation, the prevention of illness and the school health services.

2. LABORATORY SERVICES.

The Medical Research Council's laboratories in Wakefield and Bradford are available for the examination of water, milk, ice-cream and a variety of pathological specimens. They provide an excellent service, and the advice and assistance of the directors is greatly appreciated.

BLIND PERSONS.

There are 10 blind persons registered in the district. Supervision is given by the Blind Persons' Teacher employed by the County Council, and specialist examinations are carried out periodically by an Ophthalmologist.

It should be appreciated that the steady increase in the proportion of old people in the population is naturally increasing the incidence of blindness, which is so largely an affliction of the elderly. Much of this blindness is due to cataract and glaucoma, and could be prevented in a considerable proportion of cases by earlier diagnosis and treatment.

4. HOSPITAL SERVICES.

The Cawder Ghyll Maternity Hospital at Skipton admits the majority of maternity cases, a few being accommodated elsewhere. Beds have been available for all patients in the priority classes, and so far as is known, every other applicant.

The Raikeswood Hospital at Skipton and Burnley General Hospital provide sufficient accommodation for the long-term sick, but as the turnover of beds is necessarily slow, difficulties arise from time to time when a bed is required for an urgent case of this type. It is hoped that these difficulties will eventually be overcome by the establishment of a geriatric service, along with an improved integration of the hospital services.

Occasionally the Local Health Authority's services are used to facilitate the admission and discharge of patients, but not to anything like the extent to which they are used so successfully in many other places.

General hospitals are available at Skipton, and in the Burnley group. The former has had no resident doctor during the year, and the present staffing arrangements militate against its development as the hospital centre for the Craven District. There has been no difficulty in securing beds for cases of infectious disease at Morton Banks (Keighley) or Burnley.

5. NATIONAL ASSISTANCE ACTS.

These Acts provide for the removal to hospital or other suitable place of persons suffering from grave chronic disease, or being aged, infirm, or physically handicapped are living in insanitary conditions, being unable to devote to themselves and not receiving from other persons proper care and attention.

Prior to 1948 the Relieving Officer supervised, and when necessary removed such persons. This Officer has now been abolished, a step of doubtful wisdom in an ageing population where the younger members are sometimes only too anxious to transfer their responsibilities to the State.

It was not necessary to take action under these Acts during the year, it being possible to deal with such cases as came to notice by other methods.

6. FOOD HYGIENE.

Although no outbreak of food poisoning was reported in the district during the year, and despite all that has been said and written about this subject and the methods of prevention in recent times, there is no evidence that over the whole country food poisoning is diminishing. The following figures provided in response to a Parliamentary question, give the number of outbreaks in England and Wales during the first nine months of 1953:-

<u>Casual Organism.</u>	<u>Outbreaks.</u>	<u>Persons affected.</u>
Salmonella group	117	2,302
Staphylococci group	61	2,118
Cl. Welchii	11	461
Miscellaneous	14	134
Unknown	97	951
	<u>300</u>	<u>5,966</u>

<u>Type of Food.</u>		
Meat and meat products	109	2,605
Fish and fish products	12	75
Duck eggs	12	15
Milk and milk products	20	1,775
Miscellaneous	15	58
Vehicle of infection not established	<u>132</u>	<u>1,438</u>
	<u>300</u>	<u>5,966</u>

These figures are notifications to medical officers of health only, and there is no doubt that many more cases occurred.

It is clear that health authorities, caterers and most of all food handlers must increase their efforts to ensure that all food stuffs are handled hygienically and prepared and stored in such a way that they are fit to eat. In the long run, however, the success of plans to make dirty food a thing of the past will depend on the public. The education of food manufacturers and handlers will be slow so long as the public remain apathetic about the purity and cleanliness of the food they buy in shops, canteens, cafes or restaurants, and now that food is available in greater quantities and varieties it is most necessary for the purchaser to complain immediately he detects the vendor indulging in any sort of unhygienic practice.

7. WATER SUPPLIES.

Mr. Walker, the Surveyor and Water Engineer has kindly provided the following information:-

i) The supply of water during 1953 has been generally satisfactory in quality and quantity. Arrangements were completed with the Barnoldswick Urban District Council for a limited bulk supply to be taken during the month of July with a possible extension to other months if circumstances warranted it. The object of the arrangement is to endeavour to maintain our stocks at the highest level in July so as to be in a better position to withstand drought conditions in August and September. It is recognised of course that we did not experience real drought conditions in 1953., and only 217,000 gallons of water were taken from the Barnoldswick main during the summer months, the minimum quantity of water held in storage being 3,500,000 gallons. Future years will probably test the arrangement severely.

ii) As in the past, Mr. Beckwith has regularly taken samples of water from all sources, and at all stages for bacteriological examination in the Public Health Laboratory. 86 samples in all were taken and proved to be generally satisfactory. Chemical analyses of the water were found to be "of good organic purity".

iii) Waters from both sources of supply have twice been tested for plumbo-solvent action, and in all cases the results were negative.

iv) No special action has been necessary.

v) Number of houses with direct supply 1,863.

Population served (approximately) 5,200

There are no stand pipe supplies.

ATMOSPHERIC POLLUTION.

The measurement of atmospheric pollution is undertaken by the County Council in co-operation with the Department of Scientific and Industrial Research, and three types of instrument are located in Skipton. The deposit gauge measures the amount of deposited matter polluting the atmosphere, the lead peroxide instrument the amount of sulphur (SO₃) pollution, and the smoke filter the amount of suspended impurity.

Month	Rainfall in mm.	Total Solids deposited in tons per sq. mile.	Sulphur - in ngns.(SO ₃) per 100 sq.cns. per day.	Average daily suspended impurity in ngns.per cubic metre.
January	33	15.50	0.67	33.2
February	63	11.02	0.93	27.5
March	50	16.51	1.09	39.4
April	73	16.17	0.58	26.3
May	26	14.59	0.30	23.1
June	63	10.07	0.20	15.7
July	71	22.74	0.41	21.0
August	144	26.92	0.46	21.0
September	102	20.69	0.52	26.3
October	95	14.08	0.91	No figures available
November	79	23.82	0.72	50.5
December	52	12.57	1.08	30.1

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When comparing these figures with results from other areas it should be remembered that at present the major pollution arises from the domestic chimney, with the traditional open fire and wasteful grate in which the full thermal value of the fuel is never obtained.

Most people have grown up with these conditions, and their associated economic loss, and it is only isolated incidents, like the London smoke fog or "smog" in December, 1952 responsible for 4,000 deaths, which remind them of dangers.

Smoke associated with fog undoubtedly has a serious effect on the elderly and chronic bronchitic, and it has recently been shown that death rates from bronchitis in middle aged men are highest in industrial areas where the atmosphere is heavily polluted. This state of affairs should no longer be accepted when the creation of smokeless zones in Manchester, Coventry and elsewhere have shown what can be done to improve it.

9. CREMATION.

The Skipton Urban District Council's crematorium was opened on 30th May, 1952., and between that date and the end of 1953 over eleven hundred cremations have taken place. The demand for this simple, complete, hygienic and reverent method of disposal of the dead is increasing year by year. It is also an economic method, for half a million people die in Great Britain each year, and to bury them requires on an average 500 acres of land.

The Medical Officer of Health is the Medical Referee to the Crematorium assisted by a deputy as required.

SECTION C. PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

1. DIPHTHERIA.

Another year has passed without a case of diphtheria in the district. There was a further fall in diphtheria cases notified in England and Wales in 1952., but for the first year since the national immunisation campaign got well under way in 1942 there was no appreciable decline in the number of deaths. In fact, the case fatality rate was the highest since 1919.

The increasing rarity of this disease may be leading to a dangerous delay in treatment, i.e., the administration of anti-toxin, and emphasises the prime importance of mitigating the often tragic effect of this disease by the proved means of immunisation. Furthermore, there is a possibility that the prevailing type of diphtheria organism may be undergoing some change.

2. SCARLET FEVER.

There were 9 cases notified compared with 11, 19 and 52 in the three preceding years. This infection is a diminishing hazard to the child health of the country and the vast majority of cases are now of a mild type.

3. WHOOPING COUGH.

51 cases were notified compared with 34 in the previous year. A vaccine for immunizing young children against this disease is now available and it is hoped that the incidence of what is often a distressing, and always a serious disease in infancy will eventually be reduced.

4. MEASLES.

The tendency for this disease to occur in biennial outbreaks was illustrated by the notification of 117 cases, compared with 38 and 147 in the two preceding years.

5. SMALLPOX.

Although there were no cases in the district the outbreak in the Lancashire-Yorkshire border centred on Todmorden and spreading eastwards to Leeds, caused considerable alarm. 39 cases were recognised there: 7 died, and as at least two of these were not diagnosed before death others may have occurred. It is certain that modified unrecognised cases were responsible for spreading the infection in some instances.

Little more than two years ago 29 cases of virulent smallpox occurred in Brighton with 10 deaths, and 135 cases of variola minor were reported in East Lancashire in 1952. With increased facilities for airborne travel, Oriental smallpox is an ever present menace, but it would cease to be if all children were vaccinated in infancy and again during school life. These procedures are practically trouble free, but the public remains apathetic until smallpox appears and causes panic.

6. TUBERCULOSIS.

This disease is, and will remain for some time a serious public health problem. Despite the measures which are now available for its control, which include streptomycin and other new drugs, mass miniature radiography, tuberculin testing, B.C.G. vaccination, the provision of additional hospital beds, and the elimination of tuberculosis germs from milk - the notification rate shows little change. Fewer people are dying from the disease each year, thanks to earlier diagnosis and more effective methods of treatment, but the number of notifications is not decreasing, and shows what a large reservoir of actual or potential infection remains in the community.

The routine methods of preventive medicine are those which can deal with it. The isolation of sputum positive cases; education of the patient how to avoid being a danger to others; tracing, examination, and supervision of contacts; and the encouragement of social, familial and working conditions inimicable to the spread of infection. Such is the aim in dealing with known cases, often difficult in application, but obviously impossible in cases which are notified. At present one death from tuberculosis in every six occurs in persons not notified before death. Raw, undesignated milk is still a considerable reservoir of infection. Random sampling within the Division during the year revealed 7 samples of milk containing tubercle bacilli, and despite progress under the Tuberculosis (Attested Herds) Scheme less than 40% of cattle in Great Britain belonged

continued -

/belonged

to "attested" herds, and were free from tuberculosis at the end of 1952.

In so far as the Earby Urban District is concerned 9 cases of tuberculosis were notified during the year, compared with 6, 5 and 8 in the three preceding years. 7 patients were admitted to tuberculosis hospitals and 41 cases remained on the register at the end of the year.

B.C.G. VACCINE.

This has been offered by the Chest Physician in all suitable cases. It is a form of inoculation similar in principle to smallpox vaccination, and produces in the human body an artificially acquired resistance to the disease. As it has only been in use in this country for a comparatively short time, it is uncertain whether it offers complete protection, but there is little doubt that it reduces the risk of contracting tuberculosis.

MASS RADIOGRAPHY.

The aim of the service is the detection of early and symptomatic cases of tuberculosis, and over 50 Units are operating in England and Wales. On an average about 3.5 cases per thousand examined are found to have active Tuberculosis.

A Unit of the Leeds Regional Hospital Board visited Earby during the year, and the findings are given as received. They apply to persons attending entirely of their own volition.

<u>Examinations carried out.</u>	<u>Males:</u>	<u>Females:</u>
(a) Miniature X-rays taken	414	436
(b) Large X-rays taken	22	13
<u>Analysis of provisional findings.</u>		
(a) Cases of probable active tuberculosis	-	-
(b) Cases of inactive tuberculosis	11	7
(c) Other abnormalities	12	7
(d) Failed to re-attend for large films	2	-

Although there is hesitancy in drawing conclusions from such a small survey the negative findings in respect of active cases, obviously compare very favourably with both regional and national figures.

7. VENEREAL DISEASES - are not notified to the Medical Officer of Health, but certain statistics are available. Only two confirmed cases attended special treatment centres during the year, but other cases may have been treated by general medical practitioners without reference to these centres.

In the "Report of the Ministry of Health" for 1952 it is stated that although there was a substantial fall in the number of new cases of syphilis and of congenital syphilis during that year, the post-War fall in the incidence of gonorrhoea has stopped, and that of non-gonococcal urethritis has increased. It is a position which, despite advances in treatment, gives rise to concern from both medical and social points of view.

NOTIFICATIONS OF, AND DEATHS FROM INFECTIOUS DISEASES.

Disease Notified	Age Groups							Age un-known	Total cases notified	Cases admitted to hospital	Total Deaths
	0 to 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 and over				
Scarlet Fever	—	—	—	5	4	—	—	—	9	6	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—
Measles	5	27	29	45	6	2	3	—	117	—	—
Whooping Cough	1	13	23	13	—	—	1	—	51	—	—

[illegible]

SANITARY CIRCUMSTANCES OF THE AREA.
SUMMARY OF INSPECTIONS MADE DURING 1953.

HOUSING ACCOMMODATION:

Interviews	106
Inspections	168

PUBLIC HEALTH AND HOUSING ACTS.

INSPECTIONS	140
REVISITS:	160

General:--

Drainage	122
Public Conveniences	70
Rats and Mice	34
Salvage	144
Refuse Collection	22
Water Supply	106
Smoke Observation	87
Defective Dustbins	58
Factories	17
Interviews with Owners	44
Accumulations	10
Clinic	7
Day Nursery	4
Outscavenging	12
Schools	20
Shops	136
Sewer Treatment	1
Disinfections	12
Cinema	5
Hotels and Inns	20
Rag and Bone Dealers	-
Refuse Disposal	155

FOOD PREMISES:--

Inspections	116
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INFECTIOUS DISEASES:--

Inquiries	12
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SAMPLING:--

Water (Plumbo-Solvency)	4
Water (Chemical)	2
Water (Bacteriological)	94
Ice Cream	18
Artificial Cream	2
Milk (Bacteriological)	13
Milk (Pathological)	3

NOTICES:-

Informal	Served:-	33	Complied with	30
Statutory	Served:-	-	Complied with	-

SUMMARY OF WORK CARRIED OUT.

DISREPAIR:-

Roofs Repaired	16
Defective Plaster Repaired	10
Outbuildings Repaired	1
Walls Repaired	10
Floors Repaired	3
Windows Repaired	12
Doors Repaired	2
Fireplaces Repaired	14

DAMPNESS:-

30

SANITARY DEFECTS:-

Defective Drains Repaired	22
Eaves Gutters Repaired	10
Sinks Repaired	4
Rainwater Pipes Repaired	3
W.W.C's Repaired	15

MEAT AND OTHER FOODS.

SLAUGHTERHOUSES:-

There are four private and one public slaughterhouse in the district. There is no centralised slaughtering.

MEAT SHOPS AND DISTRIBUTING VEHICLES.

These have remained satisfactory throughout the year.

SLAUGHTER OF ANIMALS ACT, 1933.

There are thirteen licenced slaughtermen on the register.

UN SOUND FOOD:-

During the year the following foodstuffs were examined and found to be unfit for human consumption:-

Ox Tongue	34 lbs. 11 ozs.
Beef	19 lbs.
Semolina	9 lbs.

BAKEHOUSES:

Regular visits were made to the above premises and conditions were found to be satisfactory. Regular cleansing and linewashing were carried out.

FISH FRYERS:-

Number on Register 5.

21 visits were made to these premises, and conditions were found to be satisfactory.

PRESERVED FOOD PREMISES:-

Number on Register 1.

These premises were regularly inspected and found to be satisfactory.

FOOD AND DRUGS ACT, 1938: SAMPLING:-

I am informed by the West Riding County Council, being the Food and Drugs Authority under the above Act, the following samples were taken by their officers during the year.

	<u>Genuine.</u>	<u>Adulterated.</u>	<u>Total.</u>
Milk	23	-	23
Other Foods	6	-	6
Drugs	-	-	-

FOOD PREMISES:-

Food premises have been regularly inspected under the Food Byelaws and advice and instruction given to the occupier with regard to the matters concerning general and personal hygiene. Although hot water is provided in all food premises, some of the methods of heating are far from satisfactory, and until the legislation regarding this important commodity is clarified, it would appear that no alteration can be made.

ICE CREAM.

Number of premises registered for the
sale and manufacture of ice cream 4.

Number of premises registered for the
sale of ice cream 19.

Ice Cream - continued

42 visits were made to these premises during the year, and note was given to the cleanliness of utensils and plant. There is a definite tendency for retailers to obtain wrapped ice cream from manufacturers. This is a step in the right direction, as there is less contamination when serving.

18 samples of ice cream were taken during the year, and the bacteriological examinations were carried out by Public Health Laboratory Service at Bradford. The results of these examinations showed that 13 samples were placed in Grade I., 4 in Grade II., and one in Grade IV.

MILK AND DAIRIES.

Administration appertaining to Milk and Dairies has now been reduced to sampling milk, a summary of which is given below:-

<u>Milk.</u>	<u>Test.</u>	<u>Taken.</u>	<u>Satisfactory.</u>	<u>Unsatisfactory.</u>
Tuberculin Tested.	Methylone Blue	2	2	-
Accredited	" "	-	-	-
Ordinary	" "	11	11	-

LICENCES:-

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations 1949.

	<u>Dealers Licences:</u>	<u>Supplementary Licences:</u>
Tuberculin Tested (Pasteurised)	1	1
Pasteurised	-	2
Sterilised	6	1

Milk (Special Designations) (Raw Milk) Regulations, 1949.

	<u>Dealers Licences:</u>	<u>Supplementary Licences:</u>
Tuberculin Tested	1	-
Accredited	-	-

HOUSING.

The following tables give details of the number of applicants on the Council's waiting list, together with the re-housing that has taken place during the year:-

Housing - continued

Number on Register 31.12.52... ..	155
Number of Applicants registered during 1953.	<u>54</u>
	<u>209</u>
Number re-housed	20
Number withdrawn	80
Total on Register 31.12.53.	<u>109</u>

There are still some families living under unsatisfactory conditions due to lack of bedroom space.

The Council's waiting list has been reduced during the year due chiefly to the personal efforts of the applicants in finding their own homes. The Council re-housed some very urgent cases in lodgings, and the housing position of Earby residents has improved greatly during the year.

New Houses:-

Erection of new houses on the Northolme Estate has gone ahead rapidly during the year, and a total of 45 houses were occupied.

4 Airey Type houses at Kelbrook have been completed, and have been let to Kelbrook residents on the Housing List and key workers employed at Bristol Tractors Ltd.

6 Old Peoples' bungalows were completed during the year, and are now occupied.

Future Development:-

Re-housing of persons in the existing bungalows on Northolme Estate should be completed during the coming year, and all future building on the estate will be available for letting to applicants on the Council's Housing List.

6 Airey Type houses at Kelbrook are nearing completion, and a further 16 are planned for erection at Kelbrook.

4 Aged Persons' bungalows are under construction at Rostle Top Road, and another 6 are to be erected.

General:-

The housing situation in the district has greatly improved during 1953., and we are now approaching the time when the Housing Waiting List will be reduced to its minimum. In view of this, concentration is being made on sub-standard property, and it is hoped that during the coming year a complete survey of this property will have been made.

PUBLIC CLEANSING AND SALVAGE.

REFUSE COLLECTION AND DISPOSAL.

Outscavenging duties in the Kelbrook area, which are carried out by contract have been satisfactorily attended to during the year.

Weekly refuse collection was continued, and no difficulty was experienced in maintaining this service. The Department received no complaints regarding collection.

The staff engaged on collection and disposal have again proved very efficient and willing, and the department has had no difficulty in engaging suitable labour.

The refuse tip in Stoneybank Road is still in use, and an alternative tip in Coolham Laithe was also used during the summer months. At the moment there is no shortage of tipping sites, and arrangements have been made with owners for future use of their land.

COST OF COLLECTION AND DISPOSAL.

EXPENDITURE:

COLLECTION:

	£.	s.	d.	
Wages	1,853	19	10	
Haulage	848	9	4	
Tools, Implements & Repairs	30	12	3	
Outscavenging	6	13	4	
Depot, Rent & Insurance	30	12	8	
Loan charges on vehicle	117	19	8	
Other Expenses	4	14	10	£2,893. 1. 11.

DISPOSAL:

	£.	s.	d.	
Wages: Tip	404	3	7	
Incinerator	75	16	5	
Haulage	2	--	6	
Repairs and Maintenance	15	17	11	
Rent and Insurance	4	7	6	
Loan Charges	34	13	4	
				GROSS COST
				536. 19. 3.
				3,430. 1. 2.

REVENUE:

Salvage	855	2	9	
Sale of Dustbins	9	12	--	
Rechargeable Works	90	17	9	£955. 12. 6d.

/continued.

continued --

DISPOSAL:

	£.	s.	d.					
Tipping Charges	11	17	--					
Tip Rents		13	--					
Rent of Booth	29	--	--	£41	10	--	997	2 6
Bridge Farm								
				NETT COST.			£2,432	18 8

Average nett cost per load. £1. 16. 7.

Average nett cost per ton: £1. -- 11.

Number of loads removed:

Motor vehicle 1,330

Estimated weight of refuse

removed: T. C. Q.

Motor vehicle 2,325.16. --

SALVAGE:--

Collection of waste paper, scrap iron and rags is carried out in conjunction with the collection of refuse, and the easement of the waste paper situation has caused an increase to be made in the income received.

SEWERS:--

During April a full treatment was performed on the manholes of the Council's sewerage system. 82 manholes were baited and revisited 48 hours later. The results revealed that 6 manholes were infested, and these were subsequently poisoned.

The total number of inspections in regard to the baiting and treatment of the sewers was 170.

FACTORIES.

	<u>No. on</u> <u>Register.</u>	<u>Inspections.</u>	<u>Written</u> <u>Notices.</u>	<u>Occupiers</u> <u>Prosecuted.</u>
Factories in which Sections 1,2,3,4 & 6 to be enforced by local authorities.	9	12	--	--
(b) Factories not included in (a) in which section is enforced by the local authority.	40	54	--	--
(c) Other premises in which section 7 is enforced by local authority (excl.out-workers premises).				
TOTAL:	49	66	--	--

CASES IN WHICH DEFECTS WERE FOUND.

Particulars	<u>No. of cases</u> <u>in which defects</u> <u>were</u>		<u>No. of cases in</u> <u>which prosecutions</u> <u>were instituted</u>
	<u>Found:</u>	<u>Remedied:</u>	
Want of cleanliness	--	--	--
Overcrowding	--	--	--
Unreasonable Temperature	--	--	--
Inadequate ventilation	--	--	--
Ineffective drainage of Floors	--	--	--
Sanitary Conveniences:-			
(a) insufficient	2	2	--
(b) unsuitable or defective	--	--	--
(c) not separate (sexes)	--	--	--
Other offences against this Act (not including offences relating to outwork).	--	--	--
	<hr/>		
TOTAL:	2	2	--

SMOKE OBSERVATIONS.

It was found necessary on three occasions to call attention to infringements of the Council's byelaws relating to black smoke emission. Some trouble has been caused through the emission of grit, but consultations with the owners lead us to hope that they will endeavour to do all that is possible to prevent this nuisance.

RODENT CONTROL.

43 visits were made during the year in order to deal with complaints received. No heavy infestations were encountered, but regular and systematic treatments have been carried out whenever weather conditions permitted at the Council's refuse tip, sewage works, and depot. Minor infestations at individual properties were dealt with, and where necessary structural work executed.

WEST RIDING COUNTY COUNCIL.

DIVISION NO.1.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1953.

CONTENTS.

1. General Description.
2. Staff.
3. Health Centres.
4. Care of Mothers and Young Children.
5. Midwifery Services.
6. Home Nursing.
7. Health Visiting.
8. Home Help Service.
9. Mental Health Service.
10. Vaccination and Immunisation.
11. Prevention of Illness, Care and After Care.
12. Problem Families.
13. Ambulance Service.
14. The School Health Service.
15. Medical Examinations.

1. GENERAL DESCRIPTION.

The Division consists of the following districts:-

Ø	<u>Population.</u>	<u>Area in Acres.</u>
Silsden Urban District	5,820	7,101
Earby Urban District	5,348	3,519
Barnoldswick Urban District	10,282	2,764
Skipton Urban District	13,210	4,211
Skipton Rural District	23,715	146,071

Ø (Registrar General's Preliminary Report on the 1951 Census).

Social conditions in this mixed urban and rural community have changed little during the year, and the recession in the textile trade which took place in 1951 has been halted. Farming, one of the most important occupations, had a fairly good year despite difficulties in gathering the hay crop and the shortage of farm labour.

Progress in housing has been made in all districts, but the high place of housing in the priorities of hygiene must not be forgotten, and there are still many dwellings in both town and country which are no longer fit for habitation by present day standards.

Without good housing, the health, happiness and integrity of family life can neither be achieved nor maintained.

2. DIVISIONAL STAFF - as at 31st December, 1953.

(a)	M. Hunter.	M.B.E., M.D., D.P.H.	Divisional Medical Officer.
	C. Harris.	M.B., B.Ch.	Assistant County Medical Officer.
	R.R. Stoakley.	M.B., B.Ch.	Assistant County Medical Officer.
	A.B. Morrison.	M.R.C.S., L.R.C.P).	Clinic doctors working on a sessional basis.
	G.D.G. Cameron.	M.R.C.S., L.R.C.P).	
	P. Vieyra.	M.D., D.P.H.	

Divisional Staff -- continued

(b) NURSING.

Divisional Superintendent Health Visitor	1
Health Visitors/School Nurses	10
Home Nurses	5
Home Nurse/Midwives	9
Home Nurse/Midwife/Health Visitors.	3
Midwives	2

(c) OTHER.

Ø Mental Health Social Worker	1
Home Teacher (Under Mental Deficiency Act)	1
Ø Venereal Diseases Social Worker	1
Ø Speech Therapist	1

Ø (Part time in No. 1. Division).

(d) DAY NURSERY STAFF.

Matron	1
Deputy Matrons	2
Nursery Assistants	10
Nursery Students	-
Cooks and Domestics	7

(e) ADMINISTRATIVE AND CLERICAL.

Administrative (Chief Clerk)	1
Clerical	6

(f) HOME HELPS.

Full-time	14
Part-time	19

(g) OTHER DOMESTIC STAFF.

Part-time	<u>3</u>
-----------	----------

Total:

97

Through the spring and summer months there was a shortage of staff in the Division, and difficulty was experienced in meeting all the calls made on the midwives and home nurses. Fortunately, it occurred at that time when pressure of work is usually somewhat reduced, and a full staff was available by the autumn.

HEALTH CENTRES.

Very little progress has been made with the provision of health centres which were to play such an important part in the National Health Service. It is a matter of economics, although well recognised that their provision would greatly help the integration of the three main branches of the Health Service, and improve the co-operation which is so obviously lacking at present, and which shows few signs of improving.

In this Division continued use has had to be made of buildings which are unsuitable for clinic purposes. Although much good work has been done, as can be seen from examination of the records of attendance, the use of rented premises makes for a wastage of time and effort when compared with the facilities which are available in a properly organised clinic.

The following figures show that the Local Health Authorities receive a very small proportion of the enormous sum of money which is now being spent on the National Health Service, and this handicap should be appreciated.

Analysis of the Gross and Net Cost of the National Health Service 1951-53. (England and Wales).

<u>Branch of Service.</u>		1951/52 (<u>Actual</u> <u>Expenditure</u>). £	1952/53 (<u>Estimated</u> <u>Expenditure</u>). £
1.	Hospital Running Costs	228,919,019	255,983,000
2.	Hospital Capital Expenditure ...	10,817,750	9,250,100
3.	Other Hospital Services	4,932,127	5,475,200
4.	General Medical Services	42,122,554	77,569,000
5.	Pharmaceutical Services	45,329,936	35,650,000
6.	General Dental Services	31,434,071	17,950,000
7.	Supplementary Ophthalmic Services	8,483,145	5,750,000
8.	50 per cent Grants to Local Health Authorities ...	16,886,033	19,418,000
9.	All other expenditure ø	21,777,797	31,974,200
10.	Gross Total:	410,702,432	459,019,500
11.	Receipts applied towards expenditure +	62,244,700	69,136,000
12.	Net Total:	348,457,732	389,883,500

ø Including Civil Defence £930,456 for 1951/52; £9,041,200 for 1952/53.

+ Including Civil Defence £890,000 for 1952/53.

It has been suggested that re-organisation of local government and the transfer of the administration of all local medical services to local authorities would provide an admirable and lasting solution of the many difficulties which have arisen before and after the National Health Service Act, 1946. The Service cannot be allowed to collapse so may well have to be re-organised before it prices itself out of existence.

4. CARE OF MOTHERS AND YOUNG CHILDREN.

(a) BIRTHS:

Public Health Act, 1936 - Section 203.

Return of births notified in the Divisional Area during the period 1st January to 31st December, 1953.

Details.	Domiciliary		Institutional		Total.
	Live.	Still.	Live.	Still.	
(a) Primary Notifications					
(i) Urban Districts	97	2	307	8	414
(ii) Rural Districts	52	1	254	1	308
(b) Add Inward Transfers:	-	-	205	2	207
(c) Total Notifications received:	149	3	766	11	929
(d) Deduct Outward Transfers	1	-	75	-	76
(e) Total adjusted births	148	3	691	11	853

Analysis of Institutional Births.

Born in (a) Hospitals:	652	10
(b) Maternity Homes:	36	1
(c) Nursing Homes:	3	-
Total:	691	11

(b) ALL-MANLY CLINICS.

Name and address of Ante-Natal Clinic (whether held at Infant Welfare Centre or other premises)	No. of sessions now held per mth.			Number of women in attendance		Total number of attendances made by women during year		
	Combined With I.W.	Doctors.	Midwives only.	No. of women who attended during year	No. of new cases incl. in Col. 5.	Combined With I.W.	Doctors	Midwives only.
Barnoldswick Methodist Hall	-	4	-	111	82	-	459	-
Earby Old Grammar School	-	2	-	77	54	-	541	-
Glusburn Ebenezer Sunday School	-	2	-	36	27	-	213	-
Grassington Church House	-	1	-	16	11	-	61	-
TOTALS:	-	9	-	240	174	-	1074	-

(c) INFANT WELFARE CENTRES.

Name and Address of Centre	Number of Infant Welfare Sessions now held per month	Number of children who first attended a centre of this Local Authority during the year, and who at their first attendance were under 1 yr. of age.	Number of children who attended during the year and who were born in:	Total Number of children who attended during the yr.	No. of attendances during the yr. made by children who at the date of attendance were:	Total attendances during the yr.
			1953	1952	1951-48	
			119	110	169	
Barnoldswick Methodist Hall	8	134				
Earby Old Grammar School	4	77	66	43	37	3518
Gargrave Institute	2	19	17	22	36	1572
Glusburn Ebenezzer Sunday Schl.	4	77	70	65	49	705
Grassington Church House	2	29	25	12	43	1643
Silsden Kirkgate Sunday Schl.	4	62	60	52	71	558
Skipton Millfields Hall	12	138	131	112	227	1042
TOTALS:	36	536	488	416	632	13835

MOBILE CLINICS:

Name and Address of Centre	No. of Infant Welfare Sessions now held per mth.	No. of children who first attended a centre of this Local Authority during the year, and who at their first attendance were under 1 yr. of age.	No. of children who attended during the year and who were born in:	Total No. of children who attended during the yr.	No. of attendances during the yr. made by children who at the date of attendance were:	Total attendances during the yr.
			1953	1952	1951-48	
Addingham	2	11	10	3	18	31
			15	12	9	36
Carleton	2	16	6	8	6	20
Cononley	2	10	15	14	20	49
Cowling	2	11	3	4	6	13
Lothersdale	2	5	49	41	59	149
TOTALS:	10	53	49	41	59	149
			91	21	30	142
			18	12	14	44
			86	48	50	184
			113	55	52	220
			40	22	25	87
			348	153	171	677

(a) BIRTHS:

The total number of domiciliary confinements was 151 compared with 702 confinements in hospital, giving a percentage of 21% compared with a national figure of 38% in 1952 (the latest available figures).

There are now so many maternity beds available in the area that applications very rarely have to be refused: certainly none from the priority groups.

(b) ANTE-NATAL CLINICS:

Attendances at the existing ante-natal clinics continued at a satisfactory level. At these clinics all patients have blood taken for Rhesus and Kahn testing, and haemoglobin estimation. Weighing, urine testing and blood pressure readings are carried out at every visit. Furthermore, patients are encouraged to discuss health matters and preparations for the confinement with the doctor, health visitor and midwife, and to attend the relaxation exercise classes which are provided at two clinics.

(c) CHILD WELFARE CENTRES:

Details of centres and attendances are given in table form. In addition, a mobile centre consisting of a large and well equipped caravan towed by a Land Rover has been operating in the Division on two days in each fortnight since June. This mobile centre provides clinic facilities for mothers and children living in less accessible places who would otherwise find it difficult or impossible to obtain them.

Up to the present it has provided a service in Lothersdale, Cononley, Cowling, Carleton and Addingham, and the attendances have been satisfactory.

(d) ANTE-NATAL HOSTEL.

The County Council has provided a hostel at Brighouse for patients requiring rest rather than special forms of treatment, but residence therein, unlike the hospitals, is not free of cost. This factor, combined with the distance from many patients homes, and the disinclination to leave their families, has resulted in a lack of demand for accommodation. and the hostel was closed at the end of the year.

(e) DENTAL CARE.

There is one dental clinic in this Division at Barnoldswick. During the year additional staff became available, and it was possible to offer free dental treatment to expectant and nursing mothers. In other parts of the Division the arrangement whereby local dental practitioners provide treatment under the County Council's scheme has continued.

(f) CARE OF PREMATURE INFANTS.

A premature infant is defined as one weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation. When such infants are born at home, special equipment, kept within the Division, is available on the midwife's request.

(g) DAY NURSERIES.

Children of the following categories within the age range 0-5 years are eligible for admission to day nurseries:--

- (i) The young child whose mother is ill or having a baby.
- (ii) The illegitimate child whose mother is seeking work.
- (iii) Children of parents who cannot find suitable homes or are living in overcrowded and/or insanitary dwellings.
- (iv) The young child of a widow who must educate and support her family unassisted, and also the young child of the mother whose husband is ill.
- (v) The child whose mother is engaged in the textile or other export industry.
- (vi) The child whose mother is engaged in the armament industry.
- (vii) Other reasons.

The Earby Day Nursery with forty places has been open throughout the year, and although the demand for accommodation has not been heavy it has been sufficient to maintain a full register.

The Barnoldswick Day Nursery was, after much delay in construction, opened in September. It is an excellent building, and provides accommodation for fifty babies and young children.

Both day nurseries are under medical supervision, the children being examined on admission, and periodically thereafter.

There are no residential nurseries within the Division.

(h) CHILDRENS' HOMES.

There are two homes in Skipton, Burnside House and Aireview House. The latter was re-opened during the year to meet a further demand for this type of accommodation in the County. Although administered by the Welfare Department, all children are examined by the Health Department Staff on admission, and periodically during their stay.

(i) CARE OF THE UNMARRIED MOTHER AND CHILD.

The care of the unmarried mother and her child continues to present many problems, and the health services can meet only part of the needs of these women. Satisfactory arrangements can usually be made, when required, for admission to a hostel or home, for confinement there, and for a stay of some length afterwards. The County Council provides financial assistance in such cases. But the problems of social and moral rehabilitation which arise are often very difficult to solve, and require the co-operation of voluntary and denominational bodies which are active in this field, and of other departments of the local authority.

continued -

The Organising Secretary of the Bradford Diocesan Moral Welfare Council has, as in past years, been especially helpful.

(j) MIDWIFERY SERVICE.

Two whole-time midwives have been employed, and eight home nurses also undertake midwifery. This system of combined duties has been found to be the most practicable in rural areas. These ten members of the staff are trained to give gas and air analgesia during childbirth.

The number of midwives employed in hospitals in the Division on 31st December, 1953 was eleven.

STATISTICS.

Number of confinements in the Divisional area attended by midwives:-

	Institutional Total No. of cases.	Domiciliary		Cases.		
		Dr. not present at time of delivery of child.	Dr. not booked. present at time of deliv- ery.	Dr. present at time of delivery (either booked Dr. or Another).	Dr. booked. Dr. not present at time of dly. of child.	
Midwives employed by the Authority	-	3	24	39	88	1
Midwives employed by Voluntary Organisations.	-	-	-	-	-	
Midwives employed by Hospital Management Committees.	570	-	-	-	-	5'
Midwives in Private Practice:						
(a) Nursing Homes.	-	-	-	-	-	
(b) Others.	-	-	-	-	-	
Totals:	570	3	24	39	88	72

No. of cases delivered in institutions but attended
by domiciliary midwives on discharge from institutions
before the 14th day 31.

Breast Feeding.

No. of domiciliary cases in which infant was wholly breast

MEDICAL AID NOTICES.

Summary of notices issued by midwives requesting the services of a doctor, as prescribed in the rules of the Central Midwives Board:-

In respect of --

(i)	Pregnancy.	3
(ii)	Labour.	35
(iii)	Lying-in period.	5
(iv)	The child.	5

HOME NURSING.

Five whole-time nurses, and eight nurses who combine home nursing with midwifery have been employed to care for patients in their own homes. Their work is of great value, and very much appreciated, particularly by the elderly and long term sick. The type of work and the amount vary considerably, depending to a large extent on the availability of hospital beds and out-patient treatment facilities.

A summary of the work done by the home nurses is as follows:-

(i)	Number of visits paid by home nurses during the year:	33,375
(ii)	Number of cases attended by home nurses during the year (excluding midwifery and maternity cases):	2,163

HEALTH VISITING.

Health visitors (who are also qualified nurses and midwives) are provided for home visiting, for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection. In this Division, they are also employed as school nurses, and tuberculosis health visitors so that each has an area (usually with a clinic as well) in which she can employ her knowledge and skill in a wide variety of circumstances, and make an important contribution towards improving the health of the community. The most valuable part of this work is done in the homes where individual health teaching is given and families helped with their many problems.

Essentially a field worker, the health visitor can assist the family doctor in the care of the mother and child, particularly where there are feeding difficulties: and help him to supervise the welfare of the aged, the disabled and the tuberculous in their own homes. This association is developing very slowly despite its obvious value, and the possibility which it holds out of reducing the high cost of the medical services, apart from the alleviation of suffering.

STATISTICS:

Number of visits paid by health visitors during the year in addition to their attendance at clinics and welfare centres:-

continued -

	<u>First Visits.</u>	<u>Total Visits.</u>
(i) Expectant Mothers	129	371
(ii) Children under 1 year of age	826	5,328
(iii) Children between 1 and 5 years	-	8,707
(iv) In respect of Tuberculosis	-	1,259
(v) Other cases	-	1,801
	<hr/>	<hr/>
Total:	<u>955</u>	<u>17,466</u>

8. HOME HELP SERVICE.

This service, although not free of charge, is now accepted as an important contribution to the stability of the household in sickness, disability or during childbirth, when the home help is engaged to take over the work of the household, and to turn her hand to anything which normally falls to the lot of a housewife, including cooking, cleaning, and the care of children. During the year the establishment of home helps has been twenty two, or the equivalent in part-time workers, and the following table shows the types of case and time devoted to them.

During most weeks between seventy and eighty individuals or families have received either part-time or whole-time help, which makes a heavy demand on the clerical and administrative staff of the Divisional Health Office.

Cases provided with home helps during the year come within the following classifications:-

	<u>No. of cases.</u>	<u>Hours empl.</u>
(i) Maternity (including expectant mothers) .	86.	7,304
(ii) Tuberculosis	3	889
(iii) Chronic sick, including aged and infirm	197	33,320
(iv) Others	<u>8</u>	<u>3,312</u>
	<hr/>	<hr/>
Total:	<u>294</u>	<u>44,825</u>

9. MENTAL HEALTH SERVICE.

The functions of the Local Health Authority under existing legislation are as follows:-

- (a) The appointment of duly authorised officers to take initial proceedings for removal to hospital of persons who are to be dealt with under the Lunacy and Mental Treatment Acts.
- (b) The duty under the Mental Deficiency Acts 1913 - 18 of ascertaining what persons in the area are defectives; providing suitable supervision for them, guardianship, or institutional care; and making arrangements for the provision of suitable training or occupation for defectives not in institutions.
- (c) The duty to make arrangements for the care and after-care of persons suffering from mental illness or mental defectiveness, so far as provision is not otherwise made.
- (d) The provision of an ambulance service for the purpose of the mental health service.

Under the terms of paragraph (a) the Duly Authorised Officer has dealt with the following cases during the year:-

(i)	Number of cases certified under Section 16 of the Lunacy Act, 1890.	21
(ii)	Number of cases dealt with under Section 20.	-
(iii)	Number of cases dealt with under Section 21.	-
(iv)	Number of cases in which authorised officers have assisted in obtaining admission under Section 1. of the Mental Treatment Act.	1
(v)	Cases dealt with under Section 5 of the Mental Treatment Act.	-
(vi)	Any other cases referred to the authorised officer for action, but where it was not found necessary to proceed under the Lunacy or Mental Treatment Acts.	3

The mental health social worker visits mental defectives in Divisions 1 and 2 who are cared for by their parents or relatives, or who are working under supervision in various occupations. She also provides reports on patients on licence from hospitals, and keeps the Divisional Medical Officer informed of the welfare of all the defectives in his area.

A home teacher visits a few defectives in their own homes, and operates a group training centre in Skipton on three days each week, for children who can travel thereto. There are twelve children on the register of this centre, which provides both training and occupation, and a respite for their often harassed parents. Dinners are supplied through the school meals service, and travel warrants provided for defectives and their escorts.

It is a service which is little known, but greatly appreciated.

continued --

The shortage of institutional accommodation for mental defectives is still a great problem, for according to the Ministry of Health there were, at the beginning of 1953, 3,527 urgent and 5,461 non-urgent cases awaiting admission.

With regard to persons suffering from mental illness, their care and after care are still unsatisfactory, for there is a lack of liaison between the mental hospitals, their out-patient clinics, and the local health authority, whilst the Duly Authorised Officer has no special training, and is not wholly employed in this type of work. The mentally sick are often only too well aware of the stigma which has for centuries been attached to their form of illness, and which is so slow in disappearing. The psychiatric social workers are few, so there is rarely anyone outside the family circle to whom mentally sick persons can turn or discuss their troubles without constraint. As mental illness is an increasing national problem, the need for a trained person to provide the liaison and after care which is now lacking becomes more and more obvious.

It may be of interest to the reader of this report to know that according to the Ministry of Health's most recent figures, nearly 150,000 cases of mental illness are in hospital, many in overcrowded mental hospitals: and nearly 60,000 mental defectives are in care, with the huge waiting list already quoted.

STATISTICS:

Particulars of mental defectives in the Division as on 1st January, 1953.

No. of ascertained mental defectives found to be "subject to be dealt with",

	Male.	Female.	Total.
(a) On licence from institutions	1	-	1
(b) Under guardianship (incl. cases on licence therefrom)	-	-	-
(c) Under Statutory Supervision (excl. cases on licence)	32	19	51
No. of cases incl. in (b) and (c) above awaiting removal to an institution	3	1	4
No. of mental defectives not at present "subject to be dealt with" but over whom some form of voluntary supervision is maintained:	9	3	12
No. of mental defectives receiving training:			
(a) In Occupation Centres:	4	4	8
(b) At home.	2	3	5

10. VACCINATION AND IMMUNISATION.

Under the National Health Service Act the Local Health Authority has a statutory duty to make arrangements for persons in its area to be vaccinated against smallpox and immunised against diphtheria.

Vaccination and immunisation are, therefore, offered to the parents of all babies, and if desired are carried out by the family doctor or at any child welfare centre. Immunisation is again offered when the child reaches school age.

Both these procedures are voluntary, and without charge. These factors, along with the greatly reduced incidence of both diphtheria and smallpox, are giving parents a false sense of security. This falsity was only too apparent during 1953., when there were thirty nine cases of smallpox with seven deaths in West Yorkshire and the adjacent part of Lancashire. This outbreak resulted in an increased number of vaccinations during the year, but the figures for both vaccination and immunisation are still unsatisfactory.

Vaccination against whooping cough was introduced in 1952., and consists of three injections given at monthly intervals which, should it not fully protect the child, will modify the course of the disease. The response has been encouraging, for parents appreciate that whooping cough is frequently a distressing, and often a serious disease.

STATISTICS:

(a) Number of persons vaccinated (or re-vaccinated during Period:-

Age at date of vaccination	Under 1 yr.	1 yr.	2 - 4 yrs.	5 - 14 yrs.	15 yrs. or over.	Total.
Number vaccinated	108	167	218	899	1010	2402
Number re-vaccinated	-	-	13	270	986	1269

(b) Number of children who completed a full course of primary immunisation against diphtheria during the year.

Age at date of final injection

Under 5. 5 to 14. Total.

404 104 508

(c) Number of children who were given a secondary or reinforcing injection (i.e., subsequent to complete full course) during the year... .. 641.

STATISTICS:

(d) Number of children who completed a full course of immunisation against whooping cough during the year:-

Age at 31.12.53. i.e. born in year.	Under 1 1953	1 1952	2 1951	3 1950	4 1949	5 1948	Total.
Number immunised.	37	178	46	25	16	5	307

11. CARE AND AFTER-CARE SERVICE.

This responsibility of the Local Health Authority covers a very wide field, and in a short report such as this reference can only be made to certain aspects. One of these is the provision of sick room requisites which home nurses issue on loan to appropriate cases. In addition, crutches, spinal beds and invalid chairs may be provided; convalescent home treatment, and extra milk for certain cases of tuberculosis.

The prevention of illness raises the question of health education. It is a difficult problem as no legislation, rules or regulations can make up for the lack of interest in health on the part of the public. It is neither easy to get the message of health across, nor to measure success achieved in this direction. The Press and Radio are helpful, so are leaflets and posters. But the personal approach by professional health workers is undoubtedly the best, and has achieved much. Far more could be done if additional staff were available for this field work, and to give lectures and demonstrations to many types of audience.

The education of expectant and nursing mothers is, however, a matter to which close attention can be given at home visits and clinics. The health visitors can also assist in the prevention of tuberculosis, for we have a close liaison with the Chest Physician through their attendance at his clinics, and by means of monthly case conferences and discussions.

It has become the custom to refer to the care of the elderly in this section. In 1901 the number of people aged 65 and over in England and Wales was one-and-half million or 4.7 per cent. In 1951 it was 10.9 per cent, and by 1977 is likely to be over seven millions, about 16 per cent. In addition the number of younger people is decreasing. By helping to increase the expectation of life, medical science has created a problem which must be solved against a social background which is changing, and in which there is a tendency to regard it as a community or national responsibility rather than a family matter. The vast majority of old people want to live at home, and manage surprisingly well with the assistance of relatives, home nurses and home helps, and kindly neighbours. But if they become ill or their condition deteriorates, it is usually impossible to find a hospital bed for them immediately, and things become very difficult. Furthermore, the present organisation of the home help service is not designed to cover these cases satisfactorily.

For those who are too frail to manage in their own homes, even with assistance, hostels are necessary. There are insufficient hostels, and they have neither the facilities nor staff to deal with a degree of disability temporary illness, which, in many cases should not demand admission to hospital.

continued -

In some places there are "half-way houses" to meet the needs of this type of case, but as there are none here, there is an obvious need for the Local Health Authority and Regional Hospital Board to meet and provide a solution.

The problem of accommodation for the old person whose mental faculties are failing, but is not in need of medical or surgical treatment in a hospital, also needs solving by joint consultation of the same authorities.

12. PROBLEM FAMILIES.

The presence in the community of a subnormal or problem group has long been recognised, and although the numbers in this group are much fewer than they were at the turn of the century, a sharper emphasis has been placed on their presence by the improvements which have taken place in the standards of parentcraft and the physical environment of the bulk of the population.

These problem families are, generally speaking, shiftless, lazy, backward, and incorrigibly ineducable; and they present a continuous problem to the medico-social worker. Their names appear with monotonous regularity at the divisional conferences which are arranged periodically to discuss the neglect and ill-treatment of children in their own homes. These conferences are valuable in so far as they enable the efforts of the various social workers to be co-ordinated, but there is no doubt that the most effective method of treating the problem family lies in the employment of Family Service Units sponsored by the Society of Friends, which are now rendering truly practical assistance in some large towns.

This Society has recently established the Spofforth Hall Recuperative Centre to which mothers (and their children) are sent who fail to provide a satisfactory home for themselves and their families. At this Centre near Wetherby, education and rehabilitation have been provided for a small number of families with most encouraging results.

13. AMBULANCE SERVICE.

With the exception of the Grassington ambulance which is operated by the St. John's Ambulance Brigade under agency arrangements in Upper Wharfedale, all vehicles are now under the direct control of the County Council. The new depot in Barnoldswick serves the West Craven area; Silsden and adjacent parishes are served from Keighley; Addingham and Beamsley from Guiseley, and the remainder of the Division from the Skipton depot.

Judging from comment and the absence of complaint, it is assumed that these arrangements are providing a satisfactory service.

STATISTICS:

Mileage covered:	1953. 123,442.
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Patients carried:	16,227.
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14. THE SCHOOL HEALTH SERVICE.

The following statistics, kindly supplied by the Divisional Education Officer, relate to one day in mid-October, 1953., and may be of interest to the reader of this Report.

(i)	No. of children attending school on that day ...	7,229.
(ii)	No. of schools	55.
(iii)	No. taking school dinners	4,444.
(iv)	No. receiving mid-morning milk	5,500.
(v)	No. eligible for free dinners	222.

The Health Department has many responsibilities in this great service, to which some reference is appropriate. The basis is the examination of each child on at least three occasions during school life, along with special examinations of those children who require particular observation or care, and the provision of guidance to the Youth Employment Officer when the time comes for pupils to leave school.

That the service is appreciated is obvious from the number of parents who take the trouble to attend these examinations. Whilst they rely on the family doctor for treatment, they value the opportunity of discussing with the school doctor the health of their children as opposed to their diseases.

It will be noted in Table (c) that the general condition of the pupils is mainly very satisfactory. Their height and weights continue to increase, and from statistics collected elsewhere it appears that average children to-day are about three inches taller and eight pounds heavier than children of corresponding age living thirty years and more ago. These increases, relatively greater for the poorer than for the wealthier, have been scarcely affected by the recent War, and they continue.

TABLE 1.

(a) PERIODIC MEDICAL INSPECTIONS.

Number of inspections in the prescribed groups:-

Entrants	897
7 to 8 year group... ..	-
Last year primary... ..	717
First year secondary	149
Last year secondary	<u>419</u>
Total:	<u>2,182</u>

(b) OTHER INSPECTIONS.

Number of Special Inspections... ..	459
Number of Re-inspections	<u>498</u>
Total:	<u>957</u>

continued --

(c) PUPILS FOUND TO REQUIRE TREATMENT.

Group.	Defective vision(excl. squint).	For any of other conditions recorded in Table 11A.	Total individual pupils.
Entrants	14	174	164
7 to 8 year group	-	-	-
Last year primary	99	128	208
First year secondary	8	36	40
Last year secondary	36	63	91
Total:	157	401	503

(d) CLASSIFICATION OF THE GENERAL CONDITION OF ALL PUPILS GIVEN A ROUTINE EXAMINATION.

Age Groups.	No. of pupils inspected.	A. (Good). No. % of Col.2.	B. (Fair) No. % of Col.2.	C. (Poor). No. % of Col.2.
Entrants	897	533 59.42%	342 38.13%	22 2.45%
7 to 8 year group	-	-	-	-
Last year primary	717	468 65%	249 35%	-
First year secondary	149	98 65.8%	50 33.5%	1 0.7%
Last year secondary	419	297 71%	122 29%	-
Total:	2,182	1,396 64%	763 34.9%	23 1.1%

TABLE LI.

(e) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31st DECEMBER, 1953.

All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect or Disease.	Periodic Inspections.		Special Inspecti	
	No. of Defects. Requir- ing treat- ment.	Requiring observat- ion but not treat- ment.	No. of Defects.. Requir- ing treat- ment.	Requiring observat- ion but not treat- ment.
Skin	35	21	6	1
Eyes: (a) Vision	157	117	32	36
(b) Squint	24	11	10	4
(c) Other	11	6	1	1
Ears: (a) Hearing	8	13	6	4
(b) Otitis Media	13	17	1	-
(c) Other	2	5	1	-
Nose or Throat	61	192	14	40
Speech	5	10	10	6
Cervical Glands	17	86	8	11
Heart and Circulation	5	87	1	17
Lungs	16	67	3	16
Developmental:				
(a) Hernia	3	18	1	2
(b) Other	5	164	2	7
Orthopaedic:				
(a) Posture	30	22	10	3
(b) Flat Feet	83	31	25	4
(c) Other	40	58	17	3
Nervous System:				
(a) Epilepsy	4	2	3	-
(b) Other	2	7	1	5
Psychological:				
(a) Development	3	6	5	8
(b) Stability	6	23	3	6
Other	34	17	17	11
TOTAL:	564	980	177	185

f) CLINIC ARRANGEMENTS.

School Clinics are held in Skipton, Silsden and Barnoldswick where children requiring observation can be seen regularly, and given treatment when appropriate.

In addition, there are specialist clinics for Orthopaedic, Ear, Nose and Throat, and Eye defects: speech therapy clinics in Skipton and Barnoldswick: and a Child Guidance Clinic.

g) HANDICAPPED PUPILS.

A register is maintained of all pupils who, owing to some mental or physical disability, require special educational treatment. At the end of the year 65 pupils were included; the division into the various categories being as follows:-

Blind	3	Partially Deaf	3	Physically Handicapped	18
Partially sighted	2	Maladjusted	3	Educationally	
Deaf	6	Delicate	7	Subnormal	23

Total: 65

The number of pupils who were attending special schools at the end of the year was 25., the details being as follows:-

Schools for the Blind	2	Schools for Maladjusted	3
Schools for Partially sighted	2	Schools for Delicate	2
Schools for the Deaf	5	Schools for Physically	
Schools for Partially Deaf	1	Handicapped	4
		Schools for Educationally	
		Subnormal	6

Total: 25

h) PUPILS UNDER OBSERVATION.

In addition to the pupils classified as handicapped under the Education Act, 1944., 78 children with defects of a less serious or temporary nature were under observation at the end of the year.

i) NETHERSIDE HALL.

This residential school near Grassington has been provided for the education of delicate boys whose homes are within the West Riding. Their medical supervision is the responsibility of the staff of the department.

j) DENTAL SERVICE.

The following statistics have been provided by Mr. O.A. Long, Senior Dental Officer, appertaining to the work within the Division:-

continued -

Number of children inspected	2,715
" " " found to require treatment	2,173
" " " offered treatment	1,857
" " " treated	1,482
" " Attendances	2,826
" " Extractions:	
(a) temporary	1,683
(b) Permanent	251
" " General anaesthetics:	9
" " Fillings:	
(a) temporary	625
(b) permanent	1,919
" " Other treatments:	
(a) temporary	270
(b) permanent	864

15. MEDICAL EXAMINATIONS.

Particulars of medical examinations carried out by the Division Medical Staff are listed below:-

Entry to County Superannuation Scheme:	66
Teachers and entrants to training colleges:	18
Fitness for work:	7

In addition, certain examinations were carried out under the Children Act, 1948., the Mental Deficiency Acts, and the Education Act, 19

